

# Food Establishment Inspection Report

	Facility Type:	<input type="checkbox"/> Bar/Lounge	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Intermediate Care DD	<input type="checkbox"/> PPEC
	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal Org.	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Recreational Camp
	<input type="checkbox"/> Afterschool Meal Prog	<input type="checkbox"/> Crisis's Stabilization Unit	<input type="checkbox"/> Home for Special Services	<input type="checkbox"/> Movie Theater	<input type="checkbox"/> Residential Treatment Fac.
	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Detention Fac.	<input type="checkbox"/> Hospice	<input checked="" type="checkbox"/> School	<input type="checkbox"/> Short-term Res Treat

PURPOSE:  Routine  Reinspection  Construction  Complaint  Consultation  Change of Ownership  Epidemiology  Temporary Event  Other

Name of Establishment: <u>Key Largo Elementary School</u>				<b>RESULTS:</b> <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Closure <input type="checkbox"/> Out of Business	Correct by: <input checked="" type="checkbox"/> Next Routine Inspection & A.M. on _____ (Date) Number of Risk Factors/Intervention Violations Marked "OUT" (Items 1-29) _____ Number of Repeat Violations (1-57 R) _____
Address: <u>104801 Overseas Hwy</u>		City: <u>Key Largo</u>			
ZIP Code: <u>33037</u>	Name of Person in Charge: <u>Charmone Noe</u>				
Telephone: <u>453-1255</u>	Person in Charge Email: _____				
Date (MM/DD/YY): <u>11/15/18</u>	Begin Time AM/PM: <u>1130</u>	End Time AM/PM: <u>1210</u>	Permit Number: <u>44-48-00158</u>	Position Number: <u>31281</u>	

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status. Mark an "X" under the compliance status, IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility.  
 Mark an "X" in the appropriate box for: COS=violation corrected on site; R=repeat violation from previous inspection

Compliance Status		Compliance Status	
IN	OUT N/A N/O	IN	OUT N/A N/O
<b>Supervision</b>			
1	<input checked="" type="checkbox"/>	Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/>	Certified Manager/Person in Charge present	
<b>Employee Health</b>			
3	<input checked="" type="checkbox"/>	Knowledge, responsibilities and reporting	
4	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/>	Responding to vomiting & diarrheal events	
<b>Good Hygienic Practices</b>			
6	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
8	<input checked="" type="checkbox"/>	Hands clean & properly washed	
9	<input checked="" type="checkbox"/>	No bare hand contact with RTE food	
10	<input checked="" type="checkbox"/>	Handwashing sinks, accessible & supplies	
<b>Approved Source</b>			
11	<input checked="" type="checkbox"/>	Food obtained from approved source	
12	<input checked="" type="checkbox"/>	Food received at proper temperature	
13	<input checked="" type="checkbox"/>	Food in good condition, safe, & unadulterated	
14	<input checked="" type="checkbox"/>	Shellstock tags & parasite destruction	

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

15	<input checked="" type="checkbox"/>	Food separated & protected; single-use gloves	
16	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	
17	<input checked="" type="checkbox"/>	Proper disposal of unsafe food	
<b>Time/Temperature Control for Safety</b>			
18	<input checked="" type="checkbox"/>	Cooking time & temperatures	
19	<input checked="" type="checkbox"/>	Reheating procedures for hot holding	
20	<input checked="" type="checkbox"/>	Cooling time and temperature	
21	<input checked="" type="checkbox"/>	Hot holding temperatures	
22	<input checked="" type="checkbox"/>	Cold holding temperatures	
23	<input checked="" type="checkbox"/>	Date marking and disposition	
24	<input checked="" type="checkbox"/>	Time as PHC, procedures & records	
<b>Consumer Advisory</b>			
25	<input checked="" type="checkbox"/>	Advisory for raw/undercooked food	
<b>Highly Susceptible Populations</b>			
26	<input checked="" type="checkbox"/>	Pasteurized foods used; No prohibited foods	
<b>Additives and Toxic Substances</b>			
27	<input checked="" type="checkbox"/>	Food additives: approved & properly used	
28	<input checked="" type="checkbox"/>	Toxic substances identified, stored & used	
<b>Approved Procedures</b>			
29	<input checked="" type="checkbox"/>	Variance/specialized process/HACCP	

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods

IN		OUT N/A N/O		IN		OUT N/A N/O	
<b>Safe Food and Water</b>							
30	<input checked="" type="checkbox"/>	Pasteurized eggs used where required		43	<input checked="" type="checkbox"/>	Utensils properly stored	
31	<input checked="" type="checkbox"/>	Water & Ice from approved source		44	<input checked="" type="checkbox"/>	Equipment & linens stored, dried, & handled	
32	<input checked="" type="checkbox"/>	Variance obtained for special processing		45	<input checked="" type="checkbox"/>	Single-use/single-service articles: stored & used	
<b>Food Temperature Control</b>							
33	<input checked="" type="checkbox"/>	Proper cooling methods, adequate equipment		46	<input checked="" type="checkbox"/>	Stash-resistant/cloth gloves used properly	
34	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding		<b>Utensils, Equipment and Vending</b>			
35	<input checked="" type="checkbox"/>	Approved thawing methods		47	<input checked="" type="checkbox"/>	Food & non-food contact surfaces	
36	<input checked="" type="checkbox"/>	Thermometers provided & accurate		48	<input checked="" type="checkbox"/>	Warewashing: installed, maintained, used; test strips	
<b>Food Identification</b>							
37	<input checked="" type="checkbox"/>	Food properly labeled, original container		49	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	
<b>Prevention of Food Contamination</b>							
38	<input checked="" type="checkbox"/>	Insects, rodents & animals not present		<b>Physical Facilities</b>			
39	<input checked="" type="checkbox"/>	No Contamination (preparation, storage, display)		50	<input checked="" type="checkbox"/>	Hot & cold water available, under pressure	
40	<input checked="" type="checkbox"/>	Personal cleanliness		51	<input checked="" type="checkbox"/>	Plumbing installed, proper backflow devices	
41	<input checked="" type="checkbox"/>	Wiping cloths, properly used & stored		52	<input checked="" type="checkbox"/>	Sewage & waste water properly disposed	
42	<input checked="" type="checkbox"/>	Washing fruits & vegetables		53	<input checked="" type="checkbox"/>	Toilet facilities, supplied & cleaned	
				54	<input checked="" type="checkbox"/>	Garbage & refuse disposal	
				55	<input checked="" type="checkbox"/>	Facilities installed, maintained, & clean	
				56	<input checked="" type="checkbox"/>	Ventilation & lighting	
				57	<input checked="" type="checkbox"/>	Permit, Fees; Application, Plans	

Person in Charge (Print & Signature): Christina Meyer Date: \_\_\_\_\_  
 Inspector (Print & Signature): Eva Kocis G. Koz Phone: 304-797-9144

# Food Establishment Inspection Report

Name of Establishment:

Key Largo Elementary School

Permit Number:

44-48-00158

Date:

11/15/18

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Turkey	150°F	Reach-in fridge	36°F		
Stuffing	140°F	Walk-in fridge	35°F		
Sweet Potato Cass.	145°F	Walk-in freezer	14°F		
Mash Potatoes	147°F	Reach-in fridge	36°F		

## OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected

Violation Number

Chocolate Milk 11/27  
Strawberry Milk 11/23  
White Milk 12/4

23/37. Hamburger Patties and Tries in freezer opened and re-sealed are not labeled with date opened.

21. Heated cabinet near bowl shelving left door needs secure seal, pops open easily.

Person in Charge (Signature)

*Christina Mancini*

Date

Date

11/15/18

Inspector (Signature)

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